State of California Department of Consumer Affairs

Memorandum

To: **Board Members** **Date: April 19, 2005**

From: **Communication and Public Education Committee**

Subject: **Committee Activities – April Board Meeting Update**

The Communication and Public Education Committee met March 22, 2005, in a public meeting held in the board's conference room. Minutes of this meeting are provided in this tab section as Attachment A.

Also provided at the end of this tab section is the quarterly update report to the board on the committee's strategic objectives.

For Information Only:

Item 1: Presentation by the Center for Health Improvement: Pending Survey to Study the Impact of Patient Consultation Requirements on Older Californians

Background:

Last year the board was asked to collaborate on a study being done by the Center for Health Improvement assessing patient consultation requirements and their impact on older Californians aged 65 or older. The CHI describes itself as a nationally known health policy nonprofit based in California. The California Pharmacist Association's Pharmacy Foundation of California and the AARP are also collaborators of this project.

At this board meeting, at the request of the committee, CHI director Patricia Powers and Gregg Shibata will provide an overview of this project to the board.

The two-year study's goal is to improve pharmacist consultation process for patients aged 65:

- To assess the impact of the pharmacist consultation for persons 65+ through quantitative and qualitative methods.
- To educate Californians, especially pharmacists about findings and recommendations through development and distribution of a policy brief.
- To begin discussions with policymakers and stakeholders about options for future action.

Background information about the study is provided in Attachment 1.

The board has been a strong supporter of pharmacist to patient consultation over the years, and this is a key area reviewed by board inspectors during all compliance inspections.

The Communication and Public Education Committee initially asked that the director of the study or another person designated by CHI attend the October 2004 Board Meeting to discuss the survey with the board. However, a scheduling conflict prevented this appearance. The CHI requested the opportunity to attend the April Board Meeting to make this presentation so that it will minimize travel expenses for this nonprofit, Sacramento-based program.

The survey of 1000 pharmacists has been completed and the results are being tabulated. The CHI will next discuss the survey results with several focus groups of seniors, pharmacists and physicians in the coming weeks.

Item 2: Development of Consumer Fact Sheet Series with UCSF's Center for Consumer Self Care

One year ago, the board approved a proposal by the committee to integrate pharmacy students into public outreach activities. This project is being coordinated by the UCSF Center for Consumer Self Care under the direction of R. William Soller, Ph.D.

The project has pharmacy students develop one-page fact sheets on diverse health care topics. The board will work with Dr. Soller to develop these fact sheets, using pharmacy students from UCSF and UCSD. The project began in the late fall of 2004.

All the fact sheets will address consumer issues involving questions to "Ask a Pharmacist" about, so that consumers can make informed decisions. The fact sheets will contain general information on the topic, but then contain questions consumers can discuss with their pharmacists on making wise decisions in the subject area.

A prototype format for a series of fact sheets has been developed and the first five fact sheets prepared:

- Lower Your Drug Costs
- Is Your Medicine in the News?
- Generics
- Antibiotics – A National Treasure
- Did You Know Good Oral Health Means Good Overall Health?

The three completed fact sheets are provided in Attachment 2. The last two fact sheets are being slightly modified by the committee or by legal counsel. These fact sheets will be finalized at the next committee meeting in June 2005. There should also be four additional fact sheets prepared for the committee's review at that time.

The fact sheets will be distributed by the board and the Center for Consumer Self Care. As a joint effort, both agencies have their logos and addresses on the fact sheet, which is a simple design with blue and black ink. An important element of the fact sheet's design is that when photocopied, it still looks good. Many fact sheets will be downloaded from individuals' computers or copied from the colored copies, so the black and white appearance/presentation of the fact sheet is important to the success of the public outreach program.

The goal is to develop three fact sheets per quarter. The committee is exploring translating the fact sheets into different languages in the near future. After one year and 12 fact sheets, the Communication and Public Education Committee and the Center for Consumer Self Care will reevaluate the project.

Item 3: Update: California Health Communication Partnerships

At the July board meeting, the board voted to become a founding member of California Health Communication Partnership. This group is spearheaded by the UCSF's Center for Consumer Self Care to improve the health of Californians by developing and promoting consumer health education programs and activities developed by the members in an integrated fashion. Bill Soller, PhD, is the director of the Center for Consumer Self Care.

There have been monthly meetings since September 2004. Membership on the committee includes representation from the CSHP, CMA, Medical Board of California, UCSF, FDA, CPhA, Board of Registered Nursing, and the Department of Consumer Affairs.

The function of the group is to develop or disseminate integrated public information campaigns on priority health topics identified by the partnership members.

The first integrated project was an education campaign for practitioners and patients on antibiotic use, misuse and overuse. Between November 2004 and February 2005, the partnership agencies promoted these materials in their quarterly newsletters to licensees and on their Web sites. Consumer materials were distributed at public education fairs, and could be distributed by practitioners in their offices or pharmacies (via download of material from the Internet). Both the Medical Board and the Board of Pharmacy board published the announcement in their winter newsletters.

The next integrated campaign is planned for May 2005, which is seniors' month. Generic drugs will be the focus of this effort. In this regard, various materials from the FDA and the board's new consumer fact sheet will be among the materials promoted. The FDA's materials are provided in Attachment 3.

In the future (October or November 2005) the partnership is considering continued emphasis on generic drugs or early detection tests for cancer. October is Talk About Prescriptions Month.

Item 4: Status of *The Script*

The board's newsletter, *The Script,* was printed and mailed to California pharmacies in early February. This issue focused on the many new law changes taking effect in January 2005.

To save precious publication space, the board has developed a special section of the board's Web site to list the actual text of every modified code section. By accessing this section of the board's Web site, interested individuals can quickly access the changed sections of Pharmacy Law (http://www.pharmacy.ca.gov/laws_regs/new_laws.pdf).

The Pharmacy Foundation of California will again mail the January 2005 issue to California pharmacists in the next few weeks.

In March, the board will begin development of the next issue. Publication is planned for July 2005.

Item 5: Status of *Health Notes*

Health Notes is a monograph, produced by the board, that contains up-to-date drug therapy guidelines for a specific subject area. Because *Health Notes* is produced by the board, it conveys what the board believes is current drug treatment in a particular area. Pharmacists can earn continuing education credit by completing a test published at the back of the monograph. Thus the board provides information and actually is sponsoring CE in an area of importance to the board. Seven issues have been produced since 1996.

Under development are two issues:

1. Pain Management Issue:

The board's staff still is working to complete this new issue on pain management. The new issue will contain new pain management therapies and the new prescribing and dispensing requirements for controlled substances. It will be an interdisciplinary issue for pharmacists as well as physicians, dentists and nurse practitioners.

Prominent pain management authors have written the articles, and Board Member Schell has edited the articles. The CSHP is seeking funding for production and mailing costs. Depending on how many grants the CSHP obtains for this issue, the board hopes to spend $0 on this issue.

Work on the manuscript for this issue will be completed this summer.

2. Pharmacy Emergency Response to Patients in a Declared Disaster Area:

At the January 2005 Board Meeting, the board approved the development of a pharmacist emergency response *Health Notes* for the board.

RoseAnn Jankowski, former chair of the board's Competency Committee is coordinating this issue. A list of articles is provided as is a outline and educational objectives for this issue prepared by Dr. Jankowski. Completion of this manuscript is scheduled for mid summer 2005.

Item 6: Redesign of the Board's Web site

On December 22, the board's redesigned Web site was activated. The new format fits the mandated style of design of the Governor's Office. The goal is to have all state Web sites look similar.

However, several additional changes will be made to the Web site in the next few weeks as the new configuration is a little more difficult for some of staff (who were very familiar with the old Web site) to use. Attachment 4 contains the new look of the board's Web site.

Item 7: Update on the Board's Public Outreach Activities

The board continues to operate a vigorous outreach program to provide information to licensees and the public. The board has a number of consumer materials to distribute at consumer fairs and strives to attend as many of these events as possible, where attendance will be large and staff is available.

The board's Power Point presentation on the board (containing key board policies and pharmacy law) is a continuing education course, typically provided by a board member and a supervising inspector. Questions and answers typically result in a presentation of more than two hours, and these presentations usually are well-received by the individuals present.

Since the beginning of 2004, the board has provided presentations on SB 151 and the new requirements for prescribing and dispensing controlled substances in California. This information is also presented via telephone conference call to large numbers of individuals.

Since the January Board Meeting, board members and staff have:

- **presented 9 public presentations about the board and new pharmacy laws**
- **provided 5 public presentations about the new controlled substances dispensing and prescribing requirements**
- **staffed 2 public booths at consumer fairs and 1 information booth for 2 days at the CPhA Annual Meeting**

Public and licensee outreach activities performed since the last report to the board are listed in Attachment 5.

Attachment 1

Center for Health Improvement
Overview of Patient Consultation
Survey

I. Executive Summary

The Center for Health Improvement (CHI) is proposing a two year project to examine and improve the pharmacist-patient consult process for persons 65 or older (65+) required by California regulation. The study design will achieve this goal by:

1. Gathering quantitative and qualitative information to assess the implementation of the regulation,
2. Educating policymakers and key stakeholders through the creation and dissemination of a policy issue brief, and
3. Conducting a policy roundtable to present the study's findings, recommendations, and to discuss potential next steps.

This proposed study is especially timely given recent national attention to the issue of medical errors and the link between drug-related errors and failure to consult. Furthermore, it will be the first study of its kind to incorporate data from the California State Board of Pharmacy's recently implemented inspection process of mandated pharmacy quality assurance programs, which includes observations of consultations. The study focuses on persons 65+ as they consume and spend significantly more on prescription drugs than persons under age 65. Moreover, persons in this age group are more likely to complain about a failure to consult.

CHI is a nationally known health policy non-profit based in Sacramento. CHI serves as a catalyst to ensure that prevention remains at the forefront of health policy and health care services. Policymakers and others respect our policy issue briefs, convenings, and other products and services for their objectivity and nonpartisanship. This proposal also includes collaborators from three established organizations that represent targeted stakeholders. These include the California State Board of Pharmacy, which provides oversight to the State's 6,000 pharmacies and all licensed California pharmacists; AARP, which represents 3.2 million older Californians; and the California Pharmacist Association Educational Foundation, which maintains a database of 26,000 pharmacists and conducts research on salient issues for this constituency.

II. Proposed Scope of Work

The Center for Health Improvement (CHI) in collaboration with the California Pharmacists Association Educational Foundation (CPhA-EF), AARP, and the California State Board of Pharmacy (Board)[1], proposes to conduct an assessment of the outpatient pharmacist consultation process that is required when any new or changed prescription is dispensed[2]. Based upon the findings of this assessment, we will educate California policymakers and select stakeholders by disseminating a policy issue brief and hosting a roundtable discussion. The assessment will target California's older population (65+), focusing on the value of pharmacist care and how this process may be improved. We are targeting this population for several reasons. First, persons 65+ are prescribed twice as many medications as persons under the age of 65[3]; second, older

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[1] See letters of support, attachment 1.
[2] Inpatient, PBM prescriptions, and certain other settings are excluded.
[3] Stagnitti, M. (2003, July). Statistical Brief #21: Trends in Outpatient Prescription Drug Utilization and Expenditures: 1997-2000. Rockville, MD: Agency for Healthcare Research and Quality.

adults have more chronic diseases and multiple conditions[4], thus the consultation is more relevant, important, and complex; and third, persons 65+ are a more vulnerable population[5].

Originally filed in August of 1990, California's Board of Pharmacy California Code of Regulations number 1707.2.b.1 mandated pharmacist consultation to every patient who receives a new or changed prescription. The regulation was enacted to ensure that necessary dialogue occurs between patients and medication experts to promote safe and effective medication use[6]. Following these requirements, recent attention by the Institute of Medicine[7] and others has significantly raised the visibility of medical errors overall. Evidence suggests, however, that despite this attention, more needs to be done to prevent medication-related adverse events. For example, an analysis of adverse drug events occurring in a population of older adults in an ambulatory setting,[8] found that overall, 27.6% of the documented adverse drug events was deemed by the investigators as *preventable*. Inadequate patient education concerning medication use and prescription of a drug for which there was a well-established, clinically important interaction with another drug were cited as common errors (18.0% and 13.3% of the preventable prescribing stage errors). Recent discussions with staff of the Board[9] also revealed that through its inspection process, a majority of medication errors involve a "failure to consult."

Methods

As described in our May 19, 2003 letter of interest, CHI addressed the goal of assessing the pharmacist-patient 65+ consult process through a methodology that involved conducting three focus groups – two of pharmacists and one of older Californians – to obtain qualitative data; compiling the focus group interpretations into a policy brief to be disseminated to policymakers and stakeholders; and coordinating a statewide convening to discuss this issue and consider opportunities for action.

Through research and discussion with our collaborative partners, we have revised the proposed methodology to include a more robust and objective approach. This methodology includes:

1. Gathering data from a review of the literature and from the Board and other sources,
2. Conducting a written survey of pharmacists,
3. Conducting four focus groups, including two composed of pharmacists, one of persons 65+, and one of physicians,
4. Developing a policy brief, and
5. Hosting a statewide roundtable for policymakers and select stakeholders.

Each of these activities is described below.

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[4] American Society of Consultant Pharmacists. (2002, March). *Seniors at Risk: Designing the System to Protect America's Most Vulnerable Citizens From Medication-Related Problems.* Alexandria, VA: Author.
[5] Ibid.
[6] A similar federal law—the Omnibus Budget Reconciliation Act of 1990—applies to the Medicaid population.
[7] See Kohn, L., et al. *To Err is Human: Building a Safer Health System*, 2000. National Academy Press.
[8] Gurwitz, J.H., et al. (2003, March 5). Incidence and preventability of adverse drug events among older persons in the ambulatory setting. *Journal of the American Medical Association, 289*(9), 1107-1116.
[9] Riches, P. (2003, August 7). Personal communication with Center for Health Improvement.

1. Conduct a Literature Review and Analyze State Board of Pharmacy and Other Data

CHI will conduct a literature review to ascertain whether other states have assessed the implementation of the pharmacist consultation process, notably with persons 65+. The literature review will include web-based research, as well as contacts with several state-focused health policy organizations in Washington, D.C., such as the National Governor's Association. We will also contact at least one insurance company that may be able to provide aggregate figures on malpractice claims involving failure to consult for the target population.

Effective January 2002, the Board began a quality assurance program that includes random observations of California's 6000 pharmacies. The desired outcome of the program is a reduction of medication errors.[10] Every pharmacy is inspected at a rate of once every two and a half years. Citations/fines are issued in instances where pharmacists fail to consult. Although patients may legally waive the right to consultation, according to the Board, the pharmacy must document that the pharmacist—not another staff member—attempted to consult and the patient refused. The Board has agreed to share aggregate findings on citations related to failure to consult; if feasible, information specific to our target population will be pulled. The Board also agreed to share information on consumer complaints, many of which relate to failure to consult. (NOTE: While the Board staff stated that the majority of errors detected through the inspection process or complaints involved a "failure to consult," it is not known whether an error would have been prevented had a consultation occurred.) A public analysis of this data in California will be the first of its kind. Placed within the context of this study, the analysis will add valuable information to be compared with that gathered from pharmacists, patients, and physicians.

2. Conduct Written Survey of 3,000 Pharmacists

CPhA-EF maintains a database of the state's more than 26,000 pharmacists. A stratified sample of roughly 3,000 pharmacists will be drawn in order to survey their perceptions of how the consult process is working for patients 65+. We will query pharmacists on their perceived barriers to consult (e.g., time pressures, setting, privacy, etc.) and solicit opportunities for improvements. A letter from the CPhA president or their board chair will accompany the brief survey. This letter, along with the salient nature of the issue, should encourage a high response rate. Following the first wave, a reminder post card will be mailed followed by a second survey mailing to non-respondents. Based on surveys conducted for similar professions, such as doctors, a 33% response rate is anticipated. A non-respondent bias test will be conducted in an attempt to discern whether this population varies significantly from survey respondents. The roughly two-page survey will query pharmacists on their perceptions of the consult process, asking them to identify barriers, as well as potential solutions.

3. Conduct Four Focus Groups

Following the pharmacist survey we will conduct four focus groups: two with pharmacists, one with persons 65+, and one with physicians. The purpose of the focus groups is to elicit participant opinions about the consult process, as well as identify opportunities to ensure a safer and smoother consultation. The survey findings will be used to establish questions for the focus group facilitator. Each focus group will include approximately 15 participants.

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[10] Jones, J.D. (2003, March). President's message. *The Script*, 2.

CPhA-EF will help to recruit pharmacists for participation. AARP will assist in identifying persons 65+ who have picked up a new or changed prescription within the past year. CHI will approach a major medical group that includes at least 15 physicians with a sizeable Medicare patient mix. We will request 45 minutes to an hour at an already-scheduled physician meeting to conduct a focus group session. Given their schedules and priorities, it would be extremely improbable that physicians would attend a separate meeting on this topic. However, because doctors write prescriptions and likely receive patient and/or pharmacy feedback on medical errors, as well as the consult process, it is important to gain their perspective on this issue.

4. Create and Disseminate Policy Issue Brief

Based on the preceding quantitative and qualitative information, CHI will draft a policy brief on this issue[11]. The brief will contain background information on the California regulation and federal legislation mandating pharmacist consults, as well as additional California interpretations related to compliance and the inspection process. For example, California law does not allow inspection evidence to be admitted as discovery material for litigation purposes. In addition, background information will include a summary of the literature review and Board data analysis. Information from the pharmacist survey, along with focus group key findings will also be tallied and presented in a readable format. Policy recommendations stemming from these sources will be presented.

The draft policy brief will be reviewed by the collaborating organizations on this project, including CHI, CPhA-EF, AARP, the Board, and TCWF, as well as other select individuals (e.g., Chairman of State Board of Pharmacy). We will disseminate it to our database of approximately 2,000 policymakers, targeting those with a strong interest in aging and health care. Our partner organizations will also assist in disseminating the policy brief to their respective constituents.

5. Host Policy Roundtable

CHI will coordinate a statewide roundtable of California legislators, their staff, and select stakeholders. The purpose of this meeting is to bring together appropriate participants to discuss our research findings and recommendations, and to begin the discussion of future next steps. Our study rests on the assumption that there is room for improvement in the pharmacist-65+ patient consult. The preceding methodology will shed light on how the process can be improved by identifying current barriers, gathering solutions for improvement directly from participants in the process (i.e., pharmacists, persons 65+, and physicians, and the Board), and developing recommendations for policymakers and relevant industry parties. A secondary intent of this study is to increase attention paid to this issue as an important component to reducing medical errors.

Sharing Lessons Learned with TCWF

Through semi-annual reports to The California Wellness Foundation, CHI will share lessons learned from the project. Such reports will include copies of important written materials (e.g., survey instruments, draft policy issue brief). We will also address any difficulties faced during

[11] See sample policy briefs, attachment 2.

the project and how these are handled. CHI is willing to share our lessons learned and key findings through an article in TCWF's *Portfolio* newsletter.

III. Grant Objectives

The overarching goal of this study is to inform and improve the pharmacist-65+ patient consult process required by California regulation. In order to achieve this goal, specific objectives for conducting the study are threefold:

1. To assess the impact of the pharmacist consultation for persons 65+ through quantitative and qualitative methods.
2. To educate Californians, especially pharmacists, about our findings and recommendations through the development and dissemination of a policy brief.
3. To begin a conversation with targeted policymakers and select stakeholders about options for future action.

IV. Applicant Organization

Established in 1995, the CHI is a non-partisan, objective, prevention-focused health policy center based in Sacramento, California. CHI is known for its ability to synthesize complex data and research and present it in a useful format for policymakers and others. We have extensive experience in all of the tasks mentioned here, including reviewing literature, analyzing data, conducting surveys and focus groups, and writing policy issue briefs. Moreover, CHI has a successful history of organizing and facilitating convenings for relevant stakeholders around emerging health issues (see www.centerforhealthimprovement.org). CHI's operating budget is nearly $1 million[12].

CHI president and CEO, Patricia E. Powers[13], will serve as the lead on this effort. Ms. Powers possesses more than 20 years of experience in health care, including leadership of large-scale technical research studies related to quality of care and preventive services. Her previous consulting clients include pharmaceutical firms, generic drug manufacturers, and physician organizations. As the former CEO of the Pacific Business Group on Health, Ms. Powers worked with employers to negotiate costs and benefits for their commercial and Medicare populations. She previously served on the Federal Physician Payment Review Commission, which provided policy information for the Medicare program. In addition to Ms. Powers, Gregg Y. Shibata[14], will serve as project manager. Mr. Shibata leads several initiatives at CHI, including developing a statewide collaborative to improve early diagnosis and intervention for children suspected of having an autistic spectrum disorder. His work for the past two years involved data gathering and analysis, writing, direct technical assistance, and managing convenings and group-learning opportunities (e.g., workshops, teleconferences, internet-based teleconferences) for California Prop. 10 Commissions, California Local Planning Councils, and community-based organizations. CHI will work with a reputable survey research firm to conduct the pharmacist survey.

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[12] See current organizational budget, attachment 3.
[13] See resume, attachment 4.
[14] See resume, attachment 4.

V. Evaluation Plan

Overall, this project will be viewed as a success if we obtain reliable information about barriers to effective implementation to the pharmacist consultation for persons 65+, as well as identify solutions for improvement. Policymakers' and other relevant stakeholders' receptivity to this information as evidenced by interest level and any follow-up activity will be another gauge of its success. Sample specific measures of success tied to each of our three objectives are as follows:

1. To assess the impact of the pharmacist consultation process: results from research, including any findings from a literature review and data analyses; statistical significance, reliability and response rate for the survey; level of participation and number of identified solutions from focus group sessions.

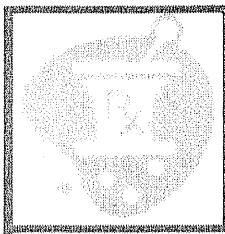
2. To educate policymakers and others: number of pharmacists, policymakers, and others who receive the policy brief and qualitative feedback from them.

3. To begin a conversation with policymakers and others: number and level of attendees at roundtable; level of agreement on "next steps;" and any actions taken by key decision-makers as indicated by responses to a one-page evaluation administered during the close of the roundtable.

Attachment 2

Consumer Fact Sheet Series – Ask a Pharmacist

- "Lower Your Drug Costs"
- "Generic Drugs"
- "Is Your Medicine in the News?"



Lower Your Drug Costs

To Help You Keep On taking Your Medicines

It makes sense. Take your medicine just as your doctor says and for as long as your doctor says. But ...

Drug costs are high. Everyone knows this, but it is especially hard on those of us living on fixed incomes, such as Seniors.

A recent study found that 25% of Seniors reduced or stopped their medicines if they use up their yearly drug benefit 2 ½ to 6 months before the end of the year.

Here are some hints on how to cut your drug costs.

1. **Ask your pharmacist for help.** Your pharmacist can work with your doctor to safely cut your drug costs.

2. **With your pharmacist, get the answers to these questions.**
   - Can I get my medicine in generic form?
   - Is there another less costly older drug in the same class that can be used as safely for my condition?
   - Does my doctor have free samples that I can take?
   - Does my pharmacy offer mail order, so I can get a lower cost 90-day supply of my medicine?
   - Does my pharmacy offer a discount plan for Seniors?
   - Does the drug manufacturer offer discounts or coupons on my medicine?
   - Will my doctor prescribe a higher dosage, so I can use a pill cutter to cut the pill in half?
   - Do I really need the medicine? Do NOT decide this by yourself. Check with your doctor and pharmacist.

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CALIFORNIA STATE BOARD OF PHARMACY
BE AWARE & TAKE CARE
Talk to your pharmacist!

Is Your Medicine In the News?

It's not unusual for the media to pick up on a possible safety problem with a popular medicine. After all, nothing is more precious than our health. So, consumers are always interested to hear or read news about their medicines.

It is not a surprise that a new safety problem may arise with a medicine. When a drug is approved by the Food and Drug Administration, not all is known about its safety. This is because the drug has not been studied in a large enough population to identify rare side effects. When drugs are newly approved, only side effects found in about 1% or more of patients are known.

A Common Sense Approach

Here are some steps to take to help make the right decision about your medicines:

1. **Don't panic.** Usually a safety debate about a popular drug relates to reports of rare effects.
2. **Contact your doctor or pharmacist** — personally, by telephone, or by e-mail.
3. **Have a list of things to ask your doctor or pharmacist.** If you can, send a copy of your questions before your visit.
4. **Tell your doctor or pharmacist exactly how you take your medicines.** Be sure to say if you are not following directions, taking more than you should, forgetting dosages etc.
5. **Ask the following questions.**
   - Do you think the benefits of my taking this medicine outweigh the risks?

More questions to ask:

- What risks might I face in taking this medicine?
- Are there alternative medicines to the one I am taking?
- Are there alternatives to some of my medicines, such as lifestyle changes? Should I try these? What do I need to do to be successful with non-drug alternatives?
- If I have to continue to take this medicine, what side effects should I look out for, and when should I call you about them?
- In summary, would you review the best course of action for me? (Take notes, if you need to.)
- Can we set up an appointment in 1-3 months to review what we've decided and see how I am doing?

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Ask Your Pharmacist

Generic Drugs

...real medicines at high quality, low cost

What Is a Generic Drug?

A drug patent gives a drug company the sole right to sell a new drug. The company sells its new drug under its own brand name. By law, other companies cannot sell this drug until the term of the patent is over. When the patent term ends, other drug companies may then sell that drug, but not under the same brand name. These types of drugs are called generics, or generic drugs.

The generic drug has the same active ingredient as the brand name drug; but it may not look like the brand name drug. The generic drug usually has its own shape or color. This does not affect how it works. For example, CIPRO is the brand name drug containing the active ingredient, ciprofloxacin. The generic version is also sold as "ciprofloxacin."

They are the same as brand name drugs...

When used as directed, a generic drug is the same as a brand name drug:

- It has the same use.
- It is as safe.
- It works the same way in the body.
- It is taken the same way.
- It has the same quality.

...But they may cost less!

Generic drugs cost less than brand name drugs. The U.S. Food and Drug Administration (FDA) says, if people use generic drugs, they may save up to15% in drug costs.

Their quality is ensured by FDA

- Each generic drug is tested. It must enter the bloodstream at the same rate and extent as the brand name drug.
- Generic drugs must also be tested to show they are stable.
- A generic drug must have the same active drug ingredient and the same strength and quality as the brand name drug.
- FDA inspects the factories of generic drug companies.
- FDA decides whether generic drugs are safe and high quality before they are sold in the USA.

Ask Your Pharmacist!

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UCSF
School of Pharmacy

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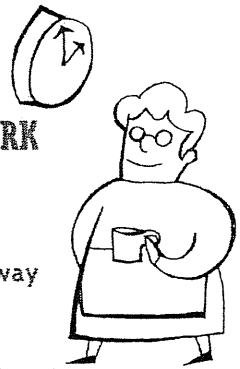
CALIFORNIA STATE BOARD OF PHARMACY
BE AWARE & TAKE CARE: Talk to your pharmacist!

Attachment 3

FDA Materials on Generic Medications

FACT

DO GENERIC DRUGS TAKE LONGER TO WORK IN THE BODY?

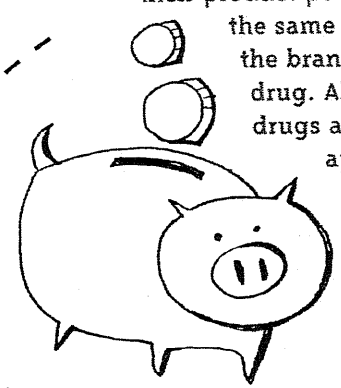


No. Generic drugs work in the same way and in the same amount of time as brand-name drugs.

FACT

WHY ARE GENERIC DRUGS LESS EXPENSIVE?

Creating a drug costs lots of money. Since generic drug makers do not develop a drug from scratch, the costs to bring the drug to market are less. But they must show that their product performs in the same way as the brand-name drug. All generic drugs are approved by FDA.



Your medication guide should be kept with you and up to date. List your prescription and over-the-counter medicines as well as your dietary supplements.

Name of my medicine	How much do I take?	When do I take it?	What do I use it for?
xxxx (Example)	1 Tablet 400 mg	Morning	Arthritis

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration
FDA

1-888-INFO-FDA • www.fda.gov

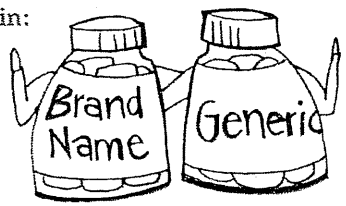
FACTS ABOUT GENERIC DRUGS

FDA FOOD AND DRUG ADMINISTRATION

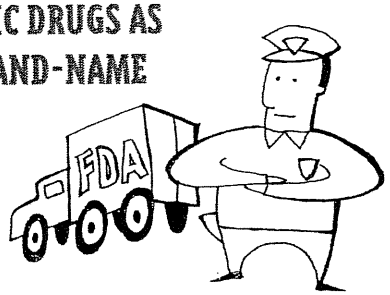
FACT WHAT ARE GENERIC DRUGS?

A generic drug is the same as a brand-name drug in:

- dosage
- safety
- strength
- quality
- the way it works
- the way it is taken
- the way it should be used

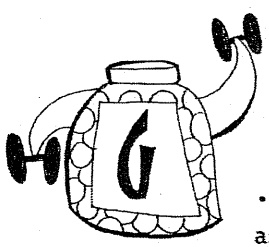


FACT ARE GENERIC DRUGS AS SAFE AS BRAND-NAME DRUGS?



Yes. The FDA says that all drugs must work well and be safe. Generic drugs use the same active ingredients as brand-name drugs and work the same way. So they have the same risks and benefits as the brand-name drugs.

FACT ARE GENERIC DRUGS AS STRONG AS BRAND-NAME DRUGS?

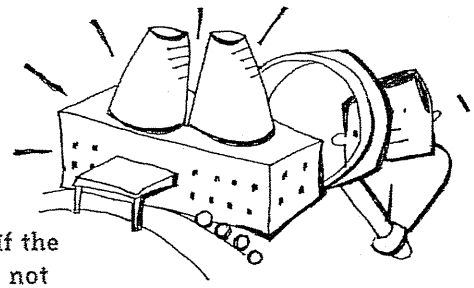


Yes. FDA requires generic drugs must be as:

- high quality
- strong
- pure, and
- stable

as brand-name drugs

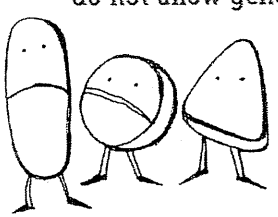
FACT ARE BRAND-NAME DRUGS MADE IN BETTER FACTORIES THAN GENERIC DRUGS?



No. All factories must meet the same high standards. If the factories do not meet certain standards, the FDA won't allow them to make drugs.

FACT IF BRAND-NAME DRUGS AND GENERIC DRUGS HAVE THE SAME ACTIVE INGREDIENTS, WHY DO THEY LOOK DIFFERENT?

In the United States, trademark laws do not allow generic drugs to look exactly like the brand-name drug. However, the generic drug must have the same active ingredients.

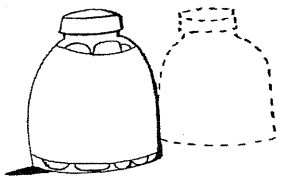


Colors, flavors, and certain other parts may be different. But these things don't affect the way the drug works and they are looked at by FDA.

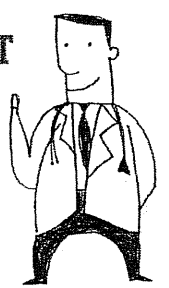
Generic Drugs: Safe. Effective. FDA Approved.

FACT DOES EVERY BRAND-NAME DRUG HAVE A GENERIC DRUG?

No. When new drugs are first made they have drug patents. Most drug patents are protected for 17 years. The patent protects the company that made the drug first. The patent doesn't allow anyone else to make and sell the drug. When the patent expires, other drug companies can start selling the generic version of the drug. But, first, they must test the drug and the FDA must approve it.



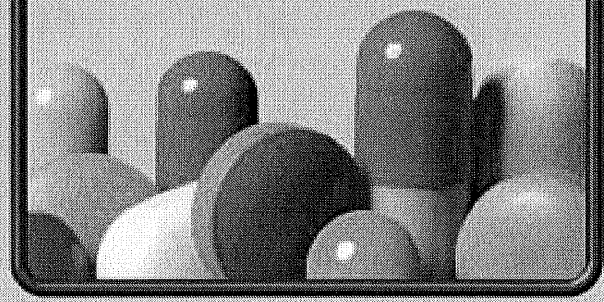
FACT WHAT IS THE BEST SOURCE OF INFORMATION ABOUT GENERIC DRUGS?



Contact your doctor, pharmacist or other healthcare worker for information on your generic drugs. For more information, you can also visit the FDA website at: http://www.fda.gov/cder and click on Consumer Education.

You know the questions that go through your mind when you take your generic drug?

Here are the answers.

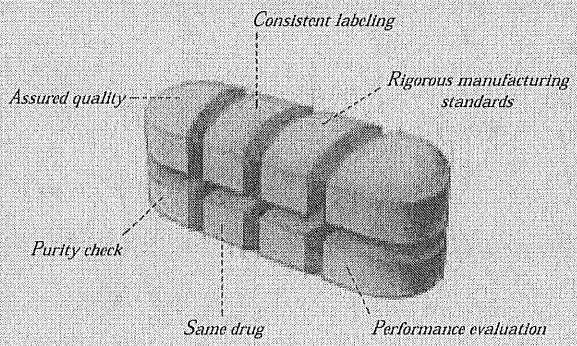


U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

1-888-INFO-FDA • www.fda.gov

DHHS Publication No. (FDA) 02-3243

What is a generic drug?



When a brand-name drug's patent protection expires, generic versions of the drug can be approved for sale. The generic version works like the brand-name drug in dosage, strength, performance and use, and must meet the same quality and safety standards. All generic drugs must be reviewed and approved by FDA.

How does FDA ensure that my generic drug is as safe and effective as the brand-name drug?

All generic drugs are put through a rigorous, multi-step review process that includes a review of scientific data on the generic drug's ingredients and performance. FDA also conducts periodic inspections of the manufacturing plant, and monitors drug quality—even after the generic drug has been approved.

If generic drugs and brand-name drugs have the same active ingredients, why do they look different?

Generic drugs look different because certain inactive ingredients, such as colors and flavorings, may be different. These ingredients do not affect the performance, safety or effectiveness of the generic drug. They look different because trademark laws in the U.S. do not allow a generic drug to look exactly like other drugs already on the market.

Is my generic drug made by the same company that makes the brand-name drug?

It is possible. Brand-name firms are responsible for manufacturing approximately 50 percent of generic drugs.

Are generic drugs always made in the same kind of facilities as brand-name drugs?

Yes. All generic drug manufacturing facilities must meet FDA's standards of good manufacturing practices. FDA will not permit drugs to be made in substandard facilities. FDA conducts about 3,500 inspections a year to ensure standards are met.

FDA makes it tough to become a generic drug in America so you can feel confident about taking your generic drugs. If you still want to learn more, talk with your doctor, pharmacist or other health care professional. Or call **1-888-INFO-FDA** or visit **www.fda.gov/cder** today.

FDA
U.S. Food and Drug Administration

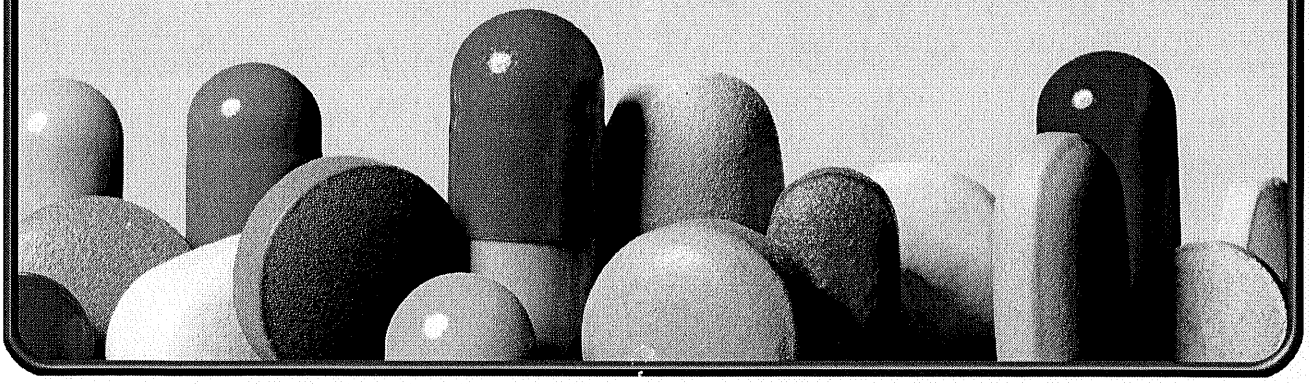
Generic Drugs: Safe. Effective. FDA Approved.

To make sure your generic drug meets your approval, it first has to get ours.

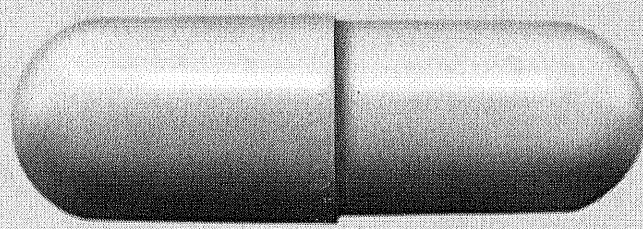
When FDA approves your generic drugs, it ensures they are safe and effective. All generic drugs are put through a rigorous, multi-step approval process. From quality and performance to manufacturing and labeling, everything must meet FDA's high standards. We make it tough to become a generic drug in America so it's easy for you to feel confident. Visit www.fda.gov/cder/ or call 1-888-INFO-FDA to learn more.

Generic Drugs: Safe. Effective. FDA Approved.

U.S. Department of Health and Human Services
Food and Drug Administration



That generic drug you're about to take had to pass many rigorous tests.



We bet you feel better already.

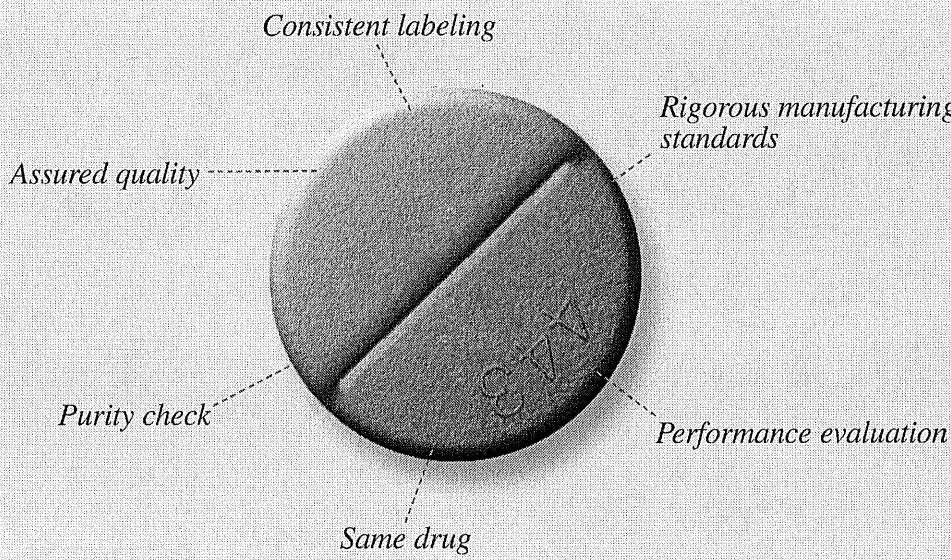
When FDA approves your generic drugs, it ensures they are safe and effective. All generic drugs are put through a rigorous, multi-step approval process. From quality and performance to manufacturing and labeling, everything must meet FDA's high standards. We make it tough to become a generic drug in America so it's easy for you to feel confident. Visit www.fda.gov/cder/ or call 1-888-INFO-FDA to learn more.

Generic Drugs: Safe. Effective. FDA Approved.

U.S. Department of Health and Human Services
Food and Drug Administration

Your generic drug is safe and effective.

And we've got the results to prove it.



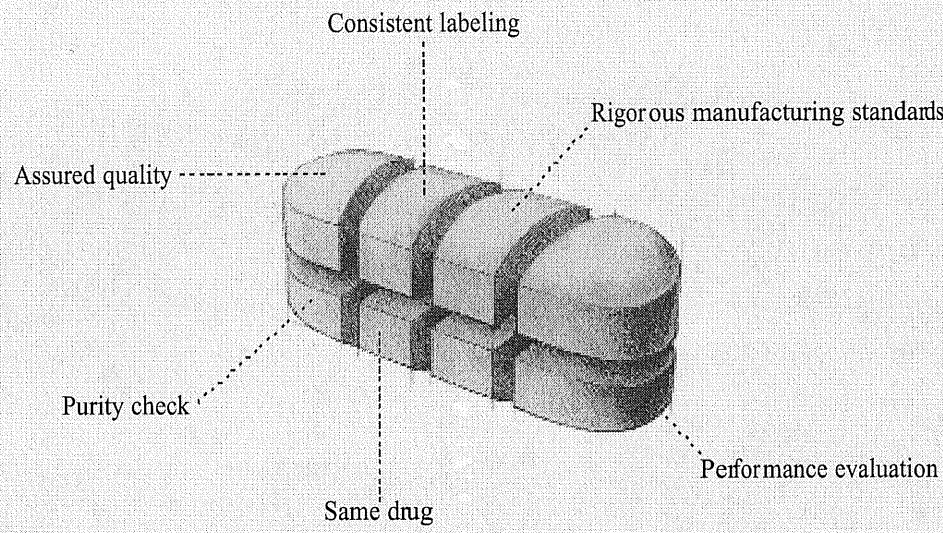
When FDA approves your generic drugs, it ensures they are safe and effective. All generic drugs are put through a rigorous, multi-step approval process. From quality and performance to manufacturing and labeling, everything must meet FDA's high standards. We make it tough to become a generic drug in America so it's easy for you to feel confident. Visit www.fda.gov/cder/ or call 1-888-INFO-FDA to learn more.

Generic Drugs: Safe. Effective. FDA Approved.

U.S. Department of Health and Human Services
Food and Drug Administration

Think it's easy becoming a generic drug in America?

Think again.



FDA ensures that your generic drug is safe and effective. All generic drugs are put through a rigorous, multi-step approval process. From quality and performance to manufacturing and labeling, everything must meet FDA's high standards. We make it tough to become a generic drug in America so it's easy for you to feel confident.

Visit www.fda.gov/cder/ or call 1-888-INFO-FDA to learn more.

Generic Drugs: Safe. Effective. FDA Approved.

FDA U.S. Food and Drug Administration

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you're experiencing anxiety about taking your generic drug,

read this ad and repeat as needed.

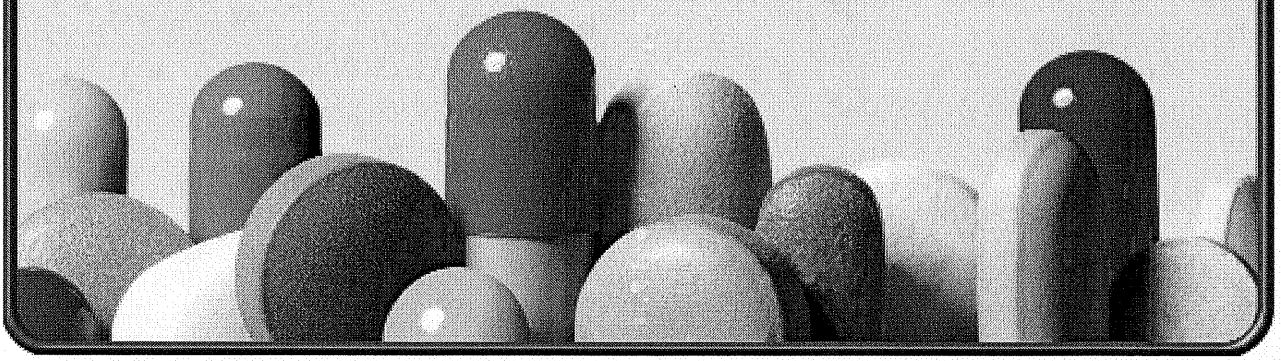
FDA ensures that your generic drug is safe and effective. All generic drugs are put through a rigorous, multi-step approval process. From quality and performance to manufacturing and labeling, everything must meet FDA's high standards. We make it tough to become a generic drug in America so it's easy for you to rest assured. Visit www.fda.gov/cder/ or call 1-888-INFO-FDA to learn more.

Generic Drugs: Safe. Effective. FDA Approved.

FDA

U.S. Food and Drug Administration

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



You know that question that goes through your mind when you take your generic drug?

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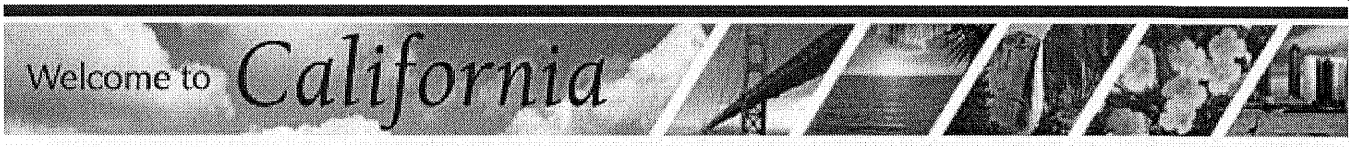
Generic Drugs: Safe. Effective. FDA Approved.

FDA
U.S. Food and Drug Administration
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

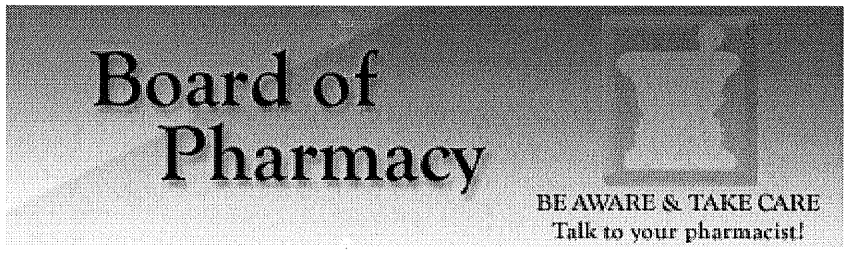
Attachment 4

Board of Pharmacy Web Page

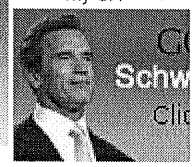
California Home Tuesda



- About the Board
- Apply For a License
- Archive
- Consumer Services
- Controlled Substance Rx
- Important Links
- Information for Licensees
- Laws & Regulations
- Online Services
- What's New
- Written Information & Research Tools



My CA



Welcome To The California Board of Pharmacy Website!

Consumer Services
- File a Complaint
- Complaint Process
- Information for Consumers

more...

About the Board
- Board & Committee Meetings (Open to the Public)
- Meeting Materials
- Board Members
- Strategic Plan *(PDF)*

more...

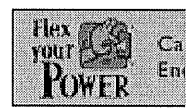
Quick
- Verify a Lic
- Change of A
- License Rei
- File a Comp
- Join Our E-
- Security Pri
- Newsletter
- Self-Assess

Contact Us:

Board of Pharmacy
400 R Street, Suite 4070
Sacramento, CA 95814
Phone: (916) 445-5014
Fax: (916) 327-6308

Apply for a License
- Personal License
- Site License

Information for Licensees
- Pharmacist
- Interm Pharmacist
- Pharmacy Technician
- Site License



Written Information & Research Tools
- Applications and Forms
- Publications & Newsletters
- Pharmacy Law & Regulation
- Frequently Asked Questions
- Important Links

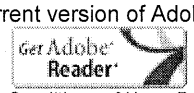
Laws & Regulations
- Pharmacy Law & Regulation *(PDF)*
- Pending Regulation Changes
- Pending California Legislation

Controlled Substance Rx Forms
- Prescribing & Dispensing
- Security Printers

Online Services
- Verify a License
- File a Complaint
- Join our E-mail List
- Take our Survey
- Request a Publication

If you have difficulty accessing any material on this site because of a disability, please contact us in writing or via telephone and we wi make the information available. You can direct your request to: Candy Place, 400 R Street, Suite 4070, Sacramento, CA 95814 (9 Extension 4006.

This web site contains PDF documents that require the most current version of Adobe Acrobat Reader to view. To download click on



Attachment 5

Public Outreach Activities since the January 19, 2005 Board Meeting

State of California Department of Consumer Affairs

Memorandum

To: Board Members Date: April 19, 2005

From: Virginia Herold

Subject: Public Outreach Activities

The board strives to provide information to licensees and the public. To this end, it has a number of consumer materials to distribute at consumer fairs and strives to attend as many of these events as possible, where attendance will be large and staff is available.

The board has a Power Point presentation on the board containing key board policies and pharmacy law. This is a continuing education course, typically provided by a board member and a supervising inspector. Questions and answers typically result in a presentation of more than two hours, which usually are well-received by the individuals present.

Since the beginning of 2004, the board has provided presentations on SB 151 and the new requirements for prescribing and dispensing controlled substances in California. We have also presented this information via telephone conference call to large numbers of individuals.

Public and licensee outreach activities performed since the last report to the board are:

- Supervising Inspector Ratcliff presented information on new pharmacy law to 85 pharmacists and students at Phi Delta Chi at USC on January 20.
- The board staffed a booth at the Consumer Protection Day event in San Diego on January 29, 2005. Department Director Charlene Zettel was the keynote speaker at this event attended by approximately 1,500 individuals.
- The board staffed an information booth for two days at CPhA's 2005 Outlook on February 18-19. Over 500 pharmacists and students attended.
- Board President Goldenberg met with deans from the California schools of pharmacy, CSHP, and CPhA at the CPhA's Outlook 2005 Meeting.
- Board Member Jones presented information on new dispensing requirements for controlled drugs at the CPhA's Outlook 2005 Meeting in San Diego in February 2005 to over 200 pharmacists.

- Supervising Inspector Ratcliff presented information on prescribing and dispensing controlled substances to approximately 90 pharmacists to the San Fernando Pharmacy Association on February 16, 2005.
- Supervising Inspector Ratcliff presented information to 100 1st year students at UCSF's School of Pharmacy on February 22.
- Supervising Inspector Ming and staff presented information on prescribing and dispensing controlled substances, and applying for the pharmacist licensure examination to 85 students at Western University on February 25.
- Executive Officer Harris presented information about the board to 1st year students at UCSF on March 1.
- The board staffed an information booth on March 12 at UCD's Healthy Aging Conference in Sacramento; over 1,000 people attended.
- Supervising Inspector Ming presented information about new prescribing and dispensing requirements for controlled drugs at the San Mateo County Pharmacists Association Meeting on March 17 to 84 pharmacist and pharmacy technicians.
- Board Member Schell presented information on automated technology in pharmacies to pharmacy students during April 2005's Legislative Day.
- Board Member Schell presented information about issues before the board to a group of 40 pharmacists at the Chico area Pharmacists Association meeting on April 7.
- Board Member Schell presented information about automation technology to a discussion group of faculty members and students at UCSF on April 14.
- Supervising Inspector Ratcliff presented information about new prescribing and dispensing requirements for controlled substances to about 20 physicians on April 7 at the High Desert Medical Center.

Future Presentations Scheduled:

- The board will staff a consumer information booth on April 30 in San Diego at the Better Business Bureau's 2005 Smart Consumer Expo.
- Board Members Goldenberg and Conroy to will present information about becoming involved and new pharmacy law to 100 UOP students on May 11.
- The board will staff a consumer information booth on May 7th in Sacramento at the 7th Annual Family Safety and Health Expo. ("Safetyville")
- The board will staff a consumer booth at the Senior Rally to be held at the Capitol on May 18.
- The board will staff an information booth on May 19 at the City of Sacramento's employee health fair.
- The board will staff an information booth on May 21 at the Elk Grove community health fair.
- Supervising Inspector Ratcliff will provide information about new prescribing and dispensing requirements for controlled substances to

pharmacist members of the California Employee Pharmacist Association on May 25.

- Supervising Inspector Ratliff will provide information about new prescribing and dispensing requirements for controlled substances to Tenent Hospital staff on May 25.
- Supervising Inspector Ratciff will provide information about new prescribing and dispensing requirements for controlled substances on June 8 to the Hollywood-Wilshire Pharmacists Association.

Attachment A

Minutes of the Communication and Public Education Meeting of March 22, 2005

California State Board of Pharmacy
400 R Street, Suite 4070, Sacramento, CA 95814
Phone (916) 445-5014
Fax (916) 327-6308
www.pharmacy.ca.gov

STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

Communication and Public Education Committee

Minutes of the Public Meeting of March 22, 2005
400 R Street, Suite 4080
Sacramento, CA
2 – 4:30 p.m.

Present: Andrea Zinder, Board Member and Chairperson
Bill Powers, Board Member
Richard Benson, Board Member
Ken Schell, Board Member
Patricia Harris, Executive Officer
Virginia Herold, Assistant Executive Officer

Call to Order

Chairperson Zinder called the meeting to order at 2 p.m.

Development of Consumer Fact Sheet Series with UCSF's Center for Consumer Self Care

At the April 2004 Board Meeting, the board approved a proposal by the committee to integrate pharmacy students into public outreach activities. The project will have students develop one-page fact sheets on diverse health care topics. The board will work with Bill Soller, PhD., to develop these fact sheets, using pharmacy students from UCSF.

Three fact sheets were developed last quarter and approved by the board during the January 2005 Board Meeting. These are:
"Antibiotics – a National Treasure"
"Lower Your Drug Costs – To Help You Keep on Taking your Medicines"
"Is Your Medicine in the News?"

At this meeting the committee reviewed two new fact sheets:
"Did You Know? Good Oral Health Means Good Overall Health"
"Generic Drugs – Real Medicines at High Quality, Low Cost"

The committee made several recommendations to the first fact sheet. These changes will be worked on with Dr. Soller and completed at the next committee meeting. The goal is to focus the fact sheet on information consumers should seek regarding health care topics.

The fact sheets will be distributed by the board and the Center for Consumer Self Care. The goal is to develop three fact sheets per quarter. The committee will explore translating the fact sheets into different languages.

The committee also reviewed materials on generics prepared by the FDA.

Update: California Health Communication Partnerships

The board is a member of the California Health Communication Partnership. The purpose of this group is to improve the health of Californians by developing and promoting consumer health education programs developed by the members in an integrated fashion. Dr. Soller, of the UCSF Center for Consumer Self Care, is the coordinator of this group.

Since the first meeting in September, there have been monthly meetings of the partnership. Members include representatives from the Board of Pharmacy, Medical Board of California, CPhA, CSHP, Board of Registered Nursing, California Medical Association, UCSF, Department of Consumer Affairs, and FDA and National Consumers League.

The first integrated project was an education campaign for practitioners and patients on antibiotic use, misuse and overuse. Between November 2004 and February 2005, the partnership agencies promoted these materials in their quarterly newsletters to licensees and on their Web sites. Consumer materials were distributed at public education fairs, and could be distributed by practitioners in their offices or pharmacies (via download of material from the Internet). Both the Medical Board and our board published the announcement in our winter newsletters.

The next integrated campaign is planned for May 2005, which is seniors' month. Generic drugs will be the focus of this effort. In this regard, various materials from the FDA and the board's new consumer fact sheet will be among the materials promoted.

In the future (October or November) the partnership is considering continued emphasis on generic drugs or early detection tests for cancer. October is Talk About Prescriptions Month.

Status of *The Script*

The January issue of *The Script* was published and mailed to California pharmacies in early February. The CPhA's Pharmacy Foundation of California will be printing and mailing this issue *The Script* to California pharmacists.

Status of *Health Notes*

The committee was advised that two issues of *Health Notes* are under development.

1. Pain Management Issue:

The board's staff still is working to complete this new issue on pain management.

The new issue will contain new pain management therapies and the new prescribing and dispensing requirements for controlled substances. It will be an interdisciplinary issue for pharmacists as well as physicians, dentists and nurse practitioners.

Prominent pain management authors have written the articles, and Board Member Schell has edited the articles. The CSHP is seeking funding for production and mailing costs. Depending on how many grants the CSHP obtains for this issue, the board hopes to spend $0 on this issue.

Work on the manuscript for this issue will be completed this summer.

2. Pharmacy Emergency Response to Patients in a Declared Disaster Area

At the January 2005 Board Meeting, the board approved the development of a pharmacist emergency response *Health Notes* for the board.

RoseAnn Jankowski, former chair of the board's Competency Committee, is coordinating this issue. A list of articles, an outline and educational objectives for this issue were reviewed by the committee. Completion of this manuscript is scheduled for mid summer 2005.

Redesign of the Board's Web site

On December 22, the board's redesigned Web site was activated. The new format fits the mandated style of design of the Governor's Office. The goal is to have all state Web sites look similar.

However, several additional changes will be made to the Web site in the next few weeks as the new configuration is a little more difficult for some staff (who were very familiar with the old Web site) to use.

Center for Health Improvement: Pending Survey to Study the Impact of the Patient Consultation Requirement on Older Californians

Ms. Herold reminded the committee about a survey being done by the Center for Health Improvement assessing patient consultation requirements and their impact on older Californians aged 65 or older. The CHI describes itself as a nationally known health policy nonprofit based in California. The California Pharmacist Association's Pharmacy Foundation of California and the AARP are also collaborators of this project.

The two-year study's goal is to inform and improve the pharmacist to patients aged 65 and over consultation process:

- To assess the impact of the pharmacist consultation for persons 65+ through quantitative and qualitative methods.
- To educate Californians, especially pharmacists about findings and recommendations through development and distribution of a policy brief.

- To begin discussions with policymakers and stakeholders about options for future action.

The director of CHI will attend the April Board Meeting to discuss the survey with the board.

White Paper Report of the Pharmaceutical Printed Literature Association

The committee reviewed a White Paper receive by the board titled: "The Void in Useful Consumer Rx Information: Past, Present and Future" prepared by the Pharmaceutical Printed Literature Association. This association's Web site identifies itself as:

> ...the sole trade association exclusively serving printers of pharmaceutical inserts, labels and cartons. Representing the majority of the North American pharmaceutical printed-insert industry, the not-for-profit trade group was chartered in 2001 to serve as the voice of manufacturers, and to provide a forum for members to advance patient safety and risk communication.

The committee had no specific comments on the report.

Initiation of the California Health Policy Forum

The committee reviewed a press release regarding the establishment of the California Health Policy Forum, which has been modeled after the National Health Policy Forum. The forum will consist of interactive briefings designed to inform legislative and agency staff on topical health issues. The first meeting will be held April 29th in the Capitol. A sponsor is the National Academy for State Health Policy in Washington D.C., and featured speakers will include representatives from the Centers for Medicare and Medicaid. The committee will be kept apprised of this group's activities.

Update on the Board's Public Outreach Activities

The committee reviewed the board's outreach program to provide information to licensees and the public. The board has a number of consumer materials to distribute at consumer fairs and strives to attend as many of these events as possible, where attendance will be large and staff is available.

The board's Power Point presentation on the board (containing key board policies and pharmacy law) is a continuing education course, typically provided by a board member and a supervising inspector. Questions and answers typically result in a presentation of more than two hours, and these presentations usually are well-received by the individuals present.
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- The board staffed a booth at the Consumer Protection Day event in San Diego on January 29, 2005. Department Director Charlene Zettel was the keynote speaker at this event attended by approximately 1,500 individuals.
- The board staffed an information booth for two days at CPhA's 2005 Outlook on February 18-19. Over 500 pharmacists and students visited the booth.
- Board President Goldenberg met with deans from the California schools of pharmacy, CSHP, and CPhA at the CPhA's Outlook 2005 Meeting.
- Board Member Jones presented information on new dispensing requirements for controlled drugs at the CPhA's Outlook 2005 Meeting in San Diego in February 2005 to over 200 pharmacists.
- Supervising Inspector Ratcliff presented information on prescribing and dispensing controlled substances to approximately 90 pharmacists at the San Fernando Pharmacy Association on February 16, 2005.
- Supervising Inspector Ratcliff presented information to 100 1st year students at UCSF's School of Pharmacy on February 22.
- Supervising Inspector Ming and staff presented information on prescribing and dispensing controlled substances, and applying for the pharmacist licensure examination to 85 students at Western University on February 25.
- Executive Officer Harris presented information about the board to 1st year students at UCSF on March 1.
- The board staffed an information booth on March 12 at UCD's Healthy Aging Conference in Sacramento; over 1,000 people attended.
- Supervising Inspector Ming presented information about new prescribing and dispensing requirements for controlled drugs at the San Mateo County Pharmacists Association Meeting on March 17 to 40 pharmacist and pharmacy technicians.
- Board Member Schell presented information on automated technology in pharmacies to pharmacy students during April 2005's Legislative Day.

Miscellaneous Consumer Issues/Articles in the Media

Staff provided the committee with various consumer issues reported in the news. There were no comments nor discussion on these items.

Adjournment

There being no additional business, Chairperson Zinder adjourned the meeting at 4:30 p.m.

Strategic Plan Status Report
Second Quarter 2004-05
Communication and Public Education Committee

Goal: 4:	**Provide relevant information to consumers and licensees.**
Outcome:	**Improved consumer awareness and licensee knowledge.**

Objective 4.1:	**Develop 10 communication venues to the public by June 30, 2005.**
Measure:	**Number of communication venues developed to the public**
Tasks:	1. Convert *Health Notes* articles into consumer columns or fact sheets for wide dissemination to the public. 2. Develop and update public education materials. *August 2003: Board finalizes purchasing drugs from Canada brochure and revises discount drugs available to Medicare beneficiaries.* *October 2003: Emergency Contraception fact sheet has suggested revisions to reflect new treatment guidelines.* *Four brochures targeted for translation into Spanish (Emergency Contraception, Purchasing Drugs for Less, Purchasing drugs from foreign countries and discount drug prices available to Medicare Beneficiaries)* *Board approves revised fact sheet at October Board Meeting* *February 2004: Nine translations of the Emergency Contraception fact sheet are place on board Web site.* *April 2004: Information about preventing fraud for those who are planning the purchase of Medicare Drug Discount Cards developed and put online.* *Board to consider project with UC schools of pharmacy to use interns to develop informational fact sheets for the public.* *October 2004: Informational fact sheet series that will be developed with UCSF pharmacist interns ready for development of the first three topics* *January 2005: Three fact sheets developed and distributed: "Generic Drugs," "Cut Your Drug Costs," and "Is Your Medicine in the News?"* *March 2005: Two additional fact sheets developed and undergoing revisions: "Antibiotics," and "Did You Know, Good Oral Health Means Good Overall Health!"* 3. Maintain a vigorous, informative Web site. *July 2003: Materials for public meetings, including board meetings and most committee meetings placed on Web site for downloading by the public.* *August 2003: New staff person assigned to revamp Web site, who completes Web site development training* *September 2003: Board completes pilot testing for integration of enforcement information into license verification portion of Web site. The board will add this look-up feature before January 1, 2004.*

	October 2003: SB 361 enacted which will authorize verification of licensure when info is downloaded from the board's Web site. *November 2003: Board adds information regarding new exam procedures and requirements to applicants for a pharmacist license* *December 2003: Enforcement status data undergoes pilot testing before full implementation and activation into license verification section of Web site.* *Address of records of board licensees added to Web site* *January 2004: Board updates Pharmacy Law and Index to reflect new laws. New pharmacy technician form placed online* *February 2004: Security printer applications and instructions placed online. Emergency contraception fact sheets in 10 languages now available online* *March 2004: Material explaining new prescribing and dispensing requirements for controlled substances placed online. California pharmacist examination Candidates' Handbook placed online. Sample test questions also developed and placed online. The Script March 2004 added to Web site. Legislative analyses on bills affecting the practice of pharmacy or the board's jurisdiction placed online.* *April 2004: Information about preventing fraud for those who are planning the purchase of Medicare Drug Discount Cards developed and put online.* *June 2004: Web site includes information on implementation of new prescribing and dispensing requirements for controlled drugs in California, including a Powerpoint presentation.* *October 2004: Web site being redesigned to comply with Governor Schwarzenegger's directives for state agencies, this process should be complete by January 1.* *December 2004: Redesigned Web site activated.* *January 2005: Three new consumer fact sheets added to Web site. Web link added to FDA materials on antibiotic misuse: "Preserve a Treasure."* *The board adds its own Pharmacy Law 2005 with updated index to Web site* *February 2005: the January 2005 issue of The Script added to the Web site.* *March 2005: Exact text of all changes to Pharmacy Law enacted during 2004 added online in special area due to the large number of new laws enacted.* *Board disseminates information prepared by the Department of Health Services about drug recall of compounded medication that could be contaminated.* 4. Sponsor "Hot Topics" seminars to the public. *July 2003: This series, sponsored by UCSF, the Department of Consumer Affairs and the board, concluded in May 2003. All parties are interested in resuming this project if staff are available to coordinate.* *The first of consumer fact sheets developed from this series is drafted for board review by the Department of Consumer*

	Affairs. 5. Evaluate the need for public education for patients who need to request prescription labeling in a language other than English. *June 2004: committee discusses this topic as a possible fact sheet for the public. Patient literacy and its impact on medication compliance discussed by committee.* *April 2005: board staff attend two-day seminar on patient literacy and its impact on developing useful public information on health care topics.* 6. Participate as founding member of the California Health Communication Partnership, to help integrate public information outreach campaigns among diverse health care providers an educators *July 2004: Board agrees to join this coalition of health care educators* *September 2004: Board attends first meeting, the group elects to promote antibiotic misuse materials developed by the FDA* *October 2004-January 2005: Board attends four meetings of the partnership.* *January 2005: Board publishes "Preserve a Treasure" in The Script. This is the first coordinated project of the partnership. Plans begin for the May campaign on generic drugs.* *February –April 2005: Three meetings of the partnership occur where plans for promoting generic medications in May are coordinated. Plans begin for campaign for November where cancer screening for women (mammogram) and men (prostate exams) will occur. Radio public service announcements are prepared.* 7. Implement subscriber e-mail notification system to advise interested parties about additions to the board's Web site *October 2004: implemented system* *January 2005: system promoted in the board's The Script newsletter.* *March 2005: system used to notify subscribers about recall of compounded medication that could be contaminated.* 8. Participate in the California Tobacco Control Alliance's Smoking Cessation Benefits Everyone campaign *July 2004: Board endorses program.* 9. Participate in the Circle of Advisors, a group of the Pharmacy Access Partnership *October 2004: Attend October meeting.*

Objective 4.2:	**Develop 10 communication venues to licensees by June 30, 2005.**
Measure:	**Number of communication venues developed to licensees**
Tasks:	1. Publish *The Script* two times annually. *October 2003: The Script is published and mailed to all pharmacies. CPhA's Education Foundation will print and mail the newsletter*

	to all California pharmacists *November 2003: CPhA's Education Foundation mails October The Script to all pharmacists.* *January 2004: Articles for the next issue of The Script are completed and sent for legal review.* *March 2004: The Script is published and mailed to all California pharmacies.* *April 2004: The March issue is provided to CPhA's Pharmacy Foundation of California for printing and mailing copies to California pharmacists.* *Board begins contract solicitation for future issues.* *April 2004: Board agrees to work with UCSF to development and promote monograph on Atrial Fibrilation.* *June 2004: Contract for newsletter editor awarded for next two years* *August 2004: Board hires retired annuitant to develop newsletter.* *January 2005: Board publishes January 2005 issue of The Script.* 2. Publish one *Health Notes* annually. *September 2003: Discussions begin to coordinate a major revision to "Pain Management" Health Notes, updating treatment information as well as new requirements for prescribing and dispensing controlled drugs in California enacted by SB 151,which will take effect in a series of stages throughout 2004.* *November 2003: Authors for "Pain Management" selected and commit to writing articles, which are due in late January.* *February – April 2004: board receives and edits articles from authors* *April 2004: Board agrees to work with UCSF to produce a future issue on smoking cessation. Outside funding will be sought for development of.this issue.* *June 2004: Board Member Schell edits articles for new "Pain Management" Health Notes.* *October 2004: Board staff edits for "Pain Management"* *January 2005: Board approves development of "Pharmacy Disaster Response" which is targeted for publication later this year.* 3. Develop board-sponsored continuing education programs in pharmacy law and coordinate presentations at local and annual professional association meetings throughout California. *July 2003: Board presents Powerpoint continuing education program to 35 MediCal staff in Los Angeles and 60 pharmacists at local association meeting in Santa Barbara.* *September 2003: presentation to 40 pharmacists at the Long-Term Care Academy.* *Board Member Jones attends the Indian Pharmacist Association Meeting to present board Powerpoint presentation.* *October 2003: Presentation and information booth provided at CSHP's Seminar 2003* *December 2003: Board provides continuing education to 80 pharmacists at Coachella Valley local association*

	January 2004: Board provides compounding pharmacy information to 25 health directors of large hospital chain in U.S. *February 2004: Board presentation to 125 pharmacists and students at USC's School of Pharmacy, and later in the month new pharmacy law changes presented to 125 students at UCSF's School of Pharmacy.* *Board CE presentation provided to Circle of Advisors Meeting of the Pharmacy Access Partnership* *March 2004: Board CE presentation provided to 125 students at UCSF* *Presentation on quality assurance programs provided to the San Diego Association for Healthcare Risk Management.* *April 2004: Presentation of CE program and the new examination process for pharmacists to 115 students at Western School of Pharmacy.* *May 2004: Presentation of the board's CE program to the San Diego Pharmacists Association.* *Presentation of CE program and the new examination process for pharmacists to 200 UOP students, and 50 Loma Linda students, to 100 people at USC.* *June 2004: Presentation to the Department of Health Services on pharmacy issues.* *CE presentations made to the Korean Pharmacists Association (50 individuals) and the University of Santo Tomas' Alumni Association (50 individuals).* *Presentation to DHS' audit and investigation staff on pharmacy issues.* *Presentation to Sacramento Valley Health System pharmacists (25 individuals)* *October 2004: Presentation to Sacramento Valley Health System pharmacists on sterile compounding and quality assurance programs (25 individuals)* *Presentation about board to Indian Pharmacists Association (about 500 individuals)* *Presentation to California Primary Care Association's October meeting. Also, presentation to HICAP to train their staff about the board's jurisdiction for consumer complaints and when consumers should be routed to the board.* *November 2004: Supervising Inspector Robert Ratcliff gives the keynote address at CSHP's 2004 Seminar in Long Beach. Also President Goldenberg speaks on importation. Supervising Inspector Dennis Ming presents an "Update and What's New in Pharmacy Compounding." More than 500 people attend the CSHP's 2004 Seminar.* *January 2005: Supervising Inspector Ratcliff presents information on new pharmacy law to Phi Delta Chi at USC.* *February 2005: The board staffs an information booth for two days at CPhA's 2005 Outlook, over 500 pharmacists*

	visit booth. *Board President Goldenberg meets with deans from the California schools of pharmacy, CSHP, and CPhA to discuss pharmacy issues..* *Supervising Inspector Ratcliff presents information to 100 1st year students at UCSF's School of Pharmacy, and Supervising Inspector Ming and staff present information on pharmacy law and applying for the pharmacist licensure examination to 85 students at Western University.* *March 2005: Executive Officer Harris presents information about the board to 1st year students at UCSF.* *Board Member Schell presents information on automated technology in pharmacies to pharmacy students during April 2005's Legislative Day.* *April 2005: Board Member Schell presents information about issues before the board to a group of 40 pharmacists at the Chico area Pharmacists Association, and information about automation technology in pharmacies to a group of UCSF faculty and students.* 4. Maintain important and timely licensee information on Web site. *July 2003: All information packets for public meetings of the board placed on Web site in addition to agendas* *October 2003: The October 2003 The Script added to Web site* *November 2003: The board places information about new pharmacist licensure examinations on Web site* *January 2004: Web page modified to make it easier to find pharmacist licensure examination information* *Licensure verifications can be performed by printing license verification information from the Web site, eliminating need to obtain this directly from board* *Board updates Pharmacy Law and Index to reflect new laws.* *New pharmacy technician form placed online* *February 2004: Security printer applications and instructions placed online. Emergency contraception fact sheets in 10 languages now available online* *March 2004: Material explaining new prescribing and dispensing requirements for controlled substances placed online.* *California pharmacist examination Candidates' Handbook placed online. Sample test questions also developed and placed online. <u>The Script</u> March 2004 added to Web site.* *Legislative analyses on bills affecting the practice of pharmacy or the board's jurisdiction placed online.* *July-October 2004: additional material on prescribing controlled substances in California added. Information about how exams are graded and reapplication procedures added to Web site.* *Modified emergency contraception protocol to reflect new manufacturers. Agendas, minutes, and meeting packets added to Web site of all public meetings held during this period.* *October 2004: information added from the Public Health Section of*

	the Department of Health Services regarding priorities for distributing flu vaccines to Californians due to a shortage of the vaccines. *November 2004 –January 2005: agendas, minutes, and meeting packets added to Web site of all public meetings held during this period.* *December 2004: information added to aid pharmacies in filling controlled substances prescriptions that may not fully conform with new security prescription forms.* *January 2005: revised 2005 Pharmacy Law with index put online.* *February 2005: updated questions and answers about filling and dispensing controlled substances added to the Web site.* *The January 2005 The Script added online.* *March 2005: emergency contraception fact sheet translated into Armenian, the 11th language version of this fact sheet, and added to the board's Web site.* *New section containing all new pharmacy laws enacted in 2004 added to Web site.* *March – April 2005: agendas, minutes and meeting packets added to Web site of all public meetings held during this period.* 10. Create a consumer fact sheet series in conjunction with California schools of pharmacy on topics of interest. *April 2004: Board agrees to work with UCSF's Center for Consumer Self Care to develop the fact sheets.* *June 2004: Committee meets with director of UCSF's Center for Consumer Self Care to begin work on the fact sheets. The goal is to produce three fact sheets per quarter, and reevaluate the project in one year* *October 2004: UCSF ready to work with students on the first three fact sheets* *January 2005: First three fact sheets developed and distributed. Efforts begin to seek translation of these fact sheets into different languages.* *March 2005: Two additional fact sheets developed, and undergoing review.* 11. Create public education activities to educate prescribers, dispensers, patients and law enforcement about changes in law regarding dispensing of controlled substances. *January 2004: Board develops Power Point presentation on new prescribing and dispensing requirements for controlled drugs, and revises its Powerpoint CE program on the board and pharmacy law.* *Board presents information on new prescribing and dispensing requirements for controlled drugs to 15 investigators at a FBI Drug Diversion Meeting.* *February 2004: Presentation of new controlled substances requirements provided to San Francisco Health Plan P & T Committee.* *March 2004: Presentation of new controlled substances requirements to 60 members of California Coalition for Compassionate Care "train the trainers" meeting, to 60*

	members of the Northern California Pain Coalition meeting, the Medical Board of California's complaint handlers, and to groups of physicians in two events. *April 2004: Presentation on prescribing and dispensing controlled substances under the new California requirements to a teleconference of pain management specialists, to the Academy of Long Term Care, to a meeting of 25 pharmacists in Sacramento, and to attendees at a DHS Public health grand rounds.* *May 2004: Presentation on new requirements for prescribing and dispensing controlled substances provided to 1,294 prescribers and pharmacists via teleconference. Also, the board advertised another teleconference presentation on its Web site and presented this information to a large number of pharmacists. Another presentation was made to the San Luis Obispo County Narcotic Task Force.* *June 2004: Presentation of the new requirements made to 150 physicians at Memorial Care Hospital in Anaheim.* *Presentation to 25 pharmacists at Sacramento hospital pharmacist association meeting, presentation to DHS auditors* *July 2004: Questions and answers added to board Web site.* *Presentation of the new requirements made to Sacramento Valley Health Systems Pharmacists (25 pharmacists), to physicians, pharmacists and law enforcement in San Luis Obispo* *August 2004: Audiotape of the board's Power Point presentation placed on the board's Web site. Presentation of the new requirements made to staff of the Department of Justice; to 40 pharmacists, physicians and other health care providers in Sacramento; to staff of the Department of Health Services; to over 50 health care providers at an event hosted by the Pharmacy Foundation of California; to investigators of the Department of Justice; and to more than 600 individuals at CMA's annual pain conference.* *September 2004: Presentation of the new requirements made to staff of the UCSF Medical Center, to Department of Justice diversion investigators, to pharmacists at the San Diego Chapter of ASCP, and to 100 health care providers at St. Mary's Medical Center in Orange County* *October 2004: Presentation of the new requirements made to 50 health care providers in Redding via telephone conference, and to the Santa Clara County Medical Society* *November 2004: Supervising Inspector Robert Ratcliff gives the keynote address at CSHP's 2004 Seminar in Long Beach.* *Presentation to 80 pharmacists at the Orange County Chapter of the CPhA November 18 meeting.* *December 2004: Presentation to 70 pharmacists at a Indian Pharmacist Association Meeting in Artesia on December 10.* *Presentation to 164 health care providers via a*

	telephone conference presentation to the Northern California Pain Initiative Executive Committee on December 14. *January2005: Presentation to 90 pharmacists at the South Bay Pharmacy Association meeting on January 6.* *February 2005: updated questions and answers about filling and dispensing controlled substances added to the Web site. Board Member Jones presents information on new dispensing requirements for controlled drugs at the CPhA's Outlook 2005 Meeting over 200 pharmacists. Supervising Inspector Ratcliff presents information on prescribing and dispensing controlled substances to approximately 90 pharmacists to the San Fernando Pharmacy Association.* *March 2005: Supervising Inspector Ming presents information about new prescribing and dispensing requirements for controlled drugs at the San Mateo County Pharmacists Association Meeting to 84 pharmacist and pharmacy technicians. Supervising Inspector Ratcliff presents information about new prescribing and dispensing requirements for controlled substances to about 20 physicians at High Desert Medical Center.*
Objective 4.3: **Measure:**	**Participate in 20 forums, conferences and public education events by June 30, 2005.** **Number of forums participated**
Tasks:	1. Participate in forums, conferences and educational fairs. *August 2003: Board staffs an information booth at Sacramento's Consumer Health Fair, co-hosted by Kaiser, AARP, Area 4 Agency on Aging and Congressman Matsui:* *September 2003: Board President Jones attends NABP's District VII and VIII annual meeting* *October 2003: Board staffs an information booth at CSHP Seminar 2003* *Board staffs an information booth at Los Angeles County Health Fair and Senior Festival, over 2,000 people attend. Board staffs an information booth at Sacramento's Healthy Aging Summit* *January 2004: Board staffs an information booth at CPhA's Outlook 2004. Board presentations include information on new pharmacy law, board operations and new examination requirements.* *April 2004: Board members attend National Association of Boards of Pharmacy Meeting in Chicago.* *May 2004: Board staffs booth at Healthy Aging 2004 in Sacramento, 300 people attend. Board staffs booth at the Senior Health Fair in Yreka,*

	over 150 consumers attend. *June 2004: Former board president attends discussion session hosted by the Pharmacy Foundation of California on the importation of drugs into the US.* *Board inspector attends two-week drug diversion and investigation training sponsored by the Drug Enforcement Administration at the FBI's headquarters in Quantico, VA* *July 2004: Board endorses the California Tobacco Control Alliance's Smoking Cessation Benefits Everyone campaign* *Board staffs booth at Asian Community Fair* *August 2004: Board staffs a booth at the San Diego Better Business Bureau's "Consumer Expo"* *September 2004: Executive officer attends Clearinghouse on Licensure and Enforcement Meeting in Kansas, and presents segment on regulators doing more with less.* *Board staff provide information about the board and senior discount programs for drugs at Triple R program in Sacramento* *Board staff provide information at a senior fair in Yreka where nearly 450 attend. Board staff distribute information to consumers at the 6th Annual Los Angeles County Health Fair and at the Senior Exposition where 1,000 people attended, at the Healthy Aging Summit in Sacramento where 700 people attended.* *November 2004: the board staffs a booth at the Paso Robles Senior Center's Senior Health Fair where approximately 400 people attend.* *January 2005: Staff attend the California Prescription Drug Forum, sponsored by the California Policy Research Center, California Program on Access to Care.* *The board participates as a sponsor at a brown bag consultation event with pharmacists hosted by KCRA TV and Rite Aid in Sacramento, about 6,000 people attend this two-day event.* *Staff host an information booth at a Consumer Protection Day event in San Diego. Department Director Charlene Zettel was the keynote speaker.* *February 2005: The board attends CPhA's annual meeting in San Diego. Board Member Jones presents information about the new prescribing and dispensing laws for controlled substances. Supervising Inspector Ming presents information about compounding pharmacies.* *March 2005: The board staffs an information booth at UCD's Healthy Aging Conference in Sacramento; over 1,000 people attend.*

Objective 4.4:	**Respond to 100 percent of information requests from governmental agencies regarding board programs and activities.**
Measure:	**Percentage response to information requests from governmental agencies**
Tasks:	1. By June 1, 2004, submit report to Legislature on statutory requirements for remedial education after four failed attempts on the California pharmacist exam. *April 2004: Draft report provided to board members at April Board Meeting* *December 2005: Final report submitted to Legislature, as required.* 2. Provide information to legislators regarding board implementation of statutory requirements. *April – June 2004: Board provides substantial technical assistance to authors with pending legislation regarding implementation of importation of Canadian drugs, automated dispensing machines in skilled nursing facilities, and wholesaling requirements for drugs within and into California.* *January 2005: Board analyzes three ballot initiatives involving prescription drugs at the request of the Secretary of State's Office.* *January – April 2005: Board provides substantial technical assistance to authors with proposed or pending legislation regarding implementation of wholesaler licensing requirements, recycling of drugs from skilled nursing homes, sales of ephedrine products by pharmacists, provision of emergency contraceptives, prescription container labeling requirements, electronic transmission of prescriptions, automated dispensing machines, controlled substances prescriptions, tracking of drug sales from pharmacies and online pharmacies.* 3. Provide agency statistical data (ASP) information to the department. *Sept. 2003: Board submits data to department as required.* *Nov. 2003: Board provides information to department on impact of budget reductions in terms of funding and staff in response to request from Senate Business and Professions Committee* *September 2004: board submits ASP data to department as required.* 4. Board provides information to department on the Bilingual Services Program Survey due September 15, 2003. *September 2003: data provided* *January 2004: All staff collect data for survey of public contacts by the language of the individual* 5. Department of Consumer Affairs, Internal Audit of the Board released March 2003 as part of Sunset Review *October 2003: Board compiles 180-day post audit report to the department* *March 2004: Board compiles 360-day post audit report to the department.* *April 2004: Department evaluates and submits final post-audit review of board activities; the board is in compliance.* 6. Software Inventory Report of all software in use by Board of